

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15867

BIRTH NO. _____		REG. DIST. NO. <u>165</u>		PRIMARY REG. DIST. NO. <u>4253</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chilhowee</u>		c. LENGTH OF STAY (in this place) <u>15 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chilhowee</u>		0510	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>McKinley</u>		c. (Last) <u>Wendel</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>16</u>		(Year) <u>1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 22, 1901</u>	
9. AGE (In years last birthday) <u>54</u>		# UNDER 1 YEAR Months <u>1</u> Days <u>25</u>		# UNDER 1 YEAR Hours <u></u> Mins. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Leeds, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Philip Wendel</u>		13b. MOTHER'S MAIDEN NAME <u>Eunice Mayfield</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Lee Taylor</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-16-7972</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eva Lee Taylor, Chilhowee, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HEPATIC CARCINOMA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GASTRIC CARCINOMA</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>157 X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 MONTHS</u> <u>5 MONTHS</u>	
19a. DATE OF OPERATION <u>JAN 25, 1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>GASTRIC CARCINOMA & HEPATIC METASTASIS</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 31, 1955</u> , to <u>MAY 16, 1955</u> , that I last saw the deceased alive on <u>MAY 15, 1955</u> , and that death occurred at <u>5:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. N. Jones 2 D. O.</u>				23b. ADDRESS <u>Holden Mo</u>		23c. DATE SIGNED <u>5-17-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/18/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chilhowee</u>		24d. LOCATION (City, town, or county) (State) <u>Chilhowee, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5/17/55</u>		REGISTRAR'S SIGNATURE <u>Jacook</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cook Funeral Home, Chilhowee, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAY 20 1955
JOHNSON COUNTY HEALTH DEPT.

MAY 31 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed
Student Embalmer

Licensed Embalmer No. 4335

P. O. Address Chilhowee, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.